008 ELECTION CYCLE ;PR - SS 08-01(b)

SEND TO:

OFFICE USE GIHLY

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

(i) (i) (i) (ii)
Name of Candidate Whittington
Address 10 by 185 John 185 Joh
Telephone (Work) 662 4552864 (Home) 662 658 1145 (Fax) 662 658 1241
Contact Name Linda whittingfor Email Address who what inigon and
Office Sought Representative +134 Political Party Jenocrat
Check here if above is different from previous report
TYPE OF REPORT • CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •
Mandatan.
October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008)
November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008)Runoff Candidates
January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008)
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations
IMPORTANT
(1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero)
for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the
office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. I accumulate the deadline.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.
REPORTED CONTRIBUTIONS AND DISBURSEMENTS
(itemized + non-itemized) Total This Period Calendar year-to-date
otal amount of contributions \$ 250 °° +\$ \$
otal amount of disbursements \$ 475 00 +\$ \$
Total amount of cash on hand \$ 32 / 39
I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
I certify that I have examined this report and to the best of my knowledge and select it is used to the best of my knowledge and the best of my knowle
(Signature of Candidate) (Date)
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Secretary of State Capitol Office

K K	/	21-1:1)	Page	of <u>3</u>
Name of Candidate or Co	ommittee Linda	whitt ngton		
Reporting period/	/ 2008 throu	gh //eccin be	x 51 20	208
	ITEMIZE	RECEIP	TS	
A. Source: Corporation	PAC Individual Loa	n	Date	Amount of each

,		
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code How YCSS Scalested		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Anda White through

Reporting period 2008 through Mer 3/ 2008

ITEMIZED DISBURSEMENTS

		A
A. Full name Winopa Times	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State Zip Code	31/108	\$300°
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name Winowa Times	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	5/10/08	\$500
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 350°
C. Full name / Redin	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code (TYCEN WOOD MS 389.30	1215108	\$ 125 00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 475 00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	'	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

2008 ELECTION CYCLE CPR - \$8 08-01(b)

** AMENDED REPORT **





Name of Candidate Linda J. Whitting	ton		Secretary of State
Address P. O. Box 185, Schlater, MS	38952-0185	CountyLe	flore
Telephone (Work) 662-455-2864	(Home) 662-392-0364	(Fax)662-	658-1241
Contact Name Linds J. Whittington	Email Address	Linda@LindaWhitt	ington.com
Office Sought Representative, District	34	Political Party	Democrat
Check here if above is different from previous	ous repart		
• CHECK THE	TYPE OF REPORT CATEGORY OF REPORT YOU	ARE SUBMITTING .	
October 28, 2008 Pre-Election Repo	ort (January 1, 2008, through	October 25, 2008)	Mandatory
November 18, 2008 Pre-Runoff Report	t (October 26, 2008, through I	November 15, 2008)	Runoff Candidates
1313	nuary 1, 2008, through Decer		
Termination Report (Candidate will no lo			
expenditures and has no outstanding	g campaign debt or obligations	s.) re ₁	porting obligations
	IMPORTANT		
(1) Periodic reports are mandatory, even if no contributions or for total amount of reported contributions and expenditures	expenditures have occurred, in such as during this period.	se, the candidate shell sut	writ a report indicating "0" (Zero)
(2) Until a candidate files a termination report, annual and perio	odic reports must still be Sied in accord	ance with Miss. Code Ann.	§ 23-16-807 (b) (H) and (III).
(3) The appropriate office must be in actual receipt of the required caports by 6:	red reports by 5:80 p.m. on the reportin 00 p.m. on the first working day before	g day. If the deadline fells the deadline. Faxed report	on a weekend or a holiday, the s are acceptable.
(4) Contributions in excess of \$200 received after the reporting FAX or otherwise within 48 hours of the contribution. Use a	period but more then 48 hours before 1 eparate form "48 Hour Report" to repor	2:01 a.m. on the day of the t such activity.	election must be reported by
REPORTED (CONTRIBUTIONS AND D	SBURSEMENTS	
(itemized	t + non-itemized) To	otal This Period	Calendar year-to-date
al amount of contributions \$	48 6		è

	(itemi	ized + no	n-itemized)	Т	otal This Period	C	slendar year-to-date
Total amount of contributions \$	1,096.39	+\$	200.00	\$	1,296.39	\$	1,296.39
Total amount of diabursements \$	360.00	+\$	125.00	\$	485.00	\$	485.00
	Total a	mount o	of cash on hand	\$	811.39	T	
Chode C	Saute.	and to the	best of my knowleds	e and	belief it is true, accurate	e, and	complete.
(Signature of Candid					(Date)		

Authority: Refer to Miss. Code Ann. 923-16-811 (1972) et. seq. for statutory requirements.

Penatites: Failure to submit required reports or failure to submit reports in accordance with statutory decilines, or failure to submit valid reports shall result in fines of \$50 per day and/or procecujion in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk,

WHITTINGTON 662 658 1241 ** HMZNVZV FZROKI \$2*

Dama	1	of	1
LHSE		OI	

Name of Candidate or Committee Linda J. Whittington

January 01, 2008 Reporting period_

through December 31, 2008

ITEMIZED RECEIPTS

1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
A. Source: Corporation PAC Individual Loan **Other (please specify) balance forward from 2007	Date (Mo., Day, Year)	Amount of each
Full name Rep. Linda J. Whittington	01, 01, 08	\$ 546.39
Mailing Address P. O. Box 185		\$
City, State, Zip Code Schlater MS 38952-0185		\$
Name of Employer (Required) State of Mississippi		\$
Occupation (Required) Representative, District 34	Aggregate year-to-date	\$ 546.39
B. Source: Corporation XI PAC Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Malt Beverage Assn. Six-Dac PAC	01 / 03/ 08	\$ 300.00
Maling Address P. O. Box 1132	_'_'_	\$
City, State, Zip Code Jackson MS 39215-1132		\$
Name of Employer (Required) <n a=""></n>	1_'_'_	\$
Occupation (Required) <n a=""></n>	Aggregate year-to-date	\$ 300.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
All American Check Cashing	11 / 14 / 08	\$ 250.00
Mailing Address P. O. Box 1950	_'_'_	\$
City, State, Zip Code Ridgeland MS 39158	_'_'_	\$
lame of Employer (Required) <n a=""></n>		\$
		\$
Occupation (Required) <n a=""></n>	Aggregate year-to-date	250,00
<n a=""></n>		250,00
. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date	Amount of each
. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
o. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
<n a=""> D. Source: Corporation PAC Individual Loan Other (please specify) Ull name</n>	year-to-date Date (Mo., Day, Year) //	Amount of each receipt this period

	A	-		
安女	AMZN	OZN	KEROR	7 8

	4	Page	1	of	1

Name of Candidate or Committee ___

Linda J. Whittington

Reporting period January 01, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Montgomery Publishing Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Meiling Address		le
P. O. Box 151	_05/_21/_08	310.00
City, State, Zip Code		\$
Winona MS 38967	10/ 22/ 08	50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 360.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		3
City, State, Zip Code		S
Purpose of Diabursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malfing Address	11	\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Dete (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_'_'_	\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Gode		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Asiling Address	_'_'	\$
ity, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$